

An Inside View Of Rehabilitation

BY RHODA WEISS

For rehabilitation patients, the world sometimes appears to be “upside-down.” Routine tasks become complicated projects; familiar environments turn strange and unpredictable; words and letters refuse to stay in their proper places. And, sometimes, looking at things differently is the best way to understand the daily frustration a rehabilitation patient faces.

COMPREHENSIVE REHABILITATION

A brochure promoting the Comprehensive Rehabilitation Center at Holy Cross Hospital in Mission Hills, CA, poses the following challenge to its audience: “Try to imagine learning how to write your name again . . . learning how to walk again . . . learning how to read again.” The center, which began operations in June 1991, was operating at full capacity soon after it opened and has had a waiting list ever since. A marketing campaign, launched in April 1991, featured a three-part direct-mail promotion targeted to physicians, discharge planners, and case managers within a 25-mile radius.

Each of the three direct-marketing pieces personalized the program. “A Backwards Look at Empathy and Caring” asked recipients to read in five seconds a sentence that was written backward, an exercise that gave them a sense of the frustration stroke and head injury patients often experience when they “see” letters or sentences as jumbled or backward. Another piece, titled “A Few Indecipherable Words about Empathy and Caring,” asked the reader to translate words jumbled as rehabilitation patients often see them. The third piece, “An Uncommon Approach to Empathy and Caring,” asked the recipient to write his or her name in the space allotted using the wrong hand—another indication of how it feels to be a rehabilitation patient.

Effectively positioning the center posed a unique marketing challenge. As Director of Marketing Reenie Collins explains, because Holy Cross is the busiest trauma center in its area,



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planners identified a need to add a rehabilitation unit to its services. “Such a unit would allow us to complete the full range of services from initial trauma through recovery,” Collins adds.

Located in the immediate Los Angeles area, the new rehabilitation center competes with larger, more established centers. A key element of Holy Cross’s marketing approach was to emphasize that it offered comprehensive, integrated services for rehabilitation patients, including a trauma center, neurological center for patients with slow recovery times, skilled nursing rehabilitation, and outpatient and home health services. The ability to offer a continuum of rehabilitation services created a specialty niche for Holy Cross, enabling it to compete in the well-established Southern California market.

Holy Cross also capitalized on its reputation for achieving satisfactory outcomes and providing personalized customer service. “We emphasize a point of view not typically seen in rehabilitation centers: one-on-one, personalized care for patients based on individual needs and functional goals,” explains Barbara Mitchell, director of rehabilitation services.

Special events designed to make employees more sensitive to rehabilitation patients’ experience were another important element of the campaign. A wheelchair basketball game played by nonhandicapped employees enabled them to experience firsthand the limitations of their patients so they could relate to them better. In another event focusing on rehabilitation from the patient’s perspective, rehabilitation staff invited Holy Cross physicians, nurses, therapists, and other employees to participate in an “Empathy Volleyball Game.” All players were in wheelchairs or otherwise disabled. Rehabilitation patients also participated as players, cheerleaders, and spectators. The game drew excellent media coverage and further positioned Holy Cross as the “rehabilitation center that cares.”

Former U.S. Olympic volleyball player Kirk Kilgour, who broke his neck in a volleyball acci-

dent in 1976 and cannot move his arms or legs, was present to inspire patients and therapists. "It's important for the rehab staff to realize some of the obstacles faced by disabled patients," said Kilgour. "The real world is very different from hospital corridors. When I got my wheelchair, it worked great in the smooth corridors of the hospital, but it was useless on rough streets and curbs."

EASY STREET

Also bringing new understanding to the challenges faced by rehabilitation patients is St. Francis Hospital's Inpatient Rehab Center in Greenville, SC.

Last fall, while patients, staff, and members of the media looked on, hospital employees got more than a taste of what it is like to be disabled. Highlighting a week-long anniversary celebration, a "Top Your Own Sundae" party was held to commemorate the facility's first birthday.

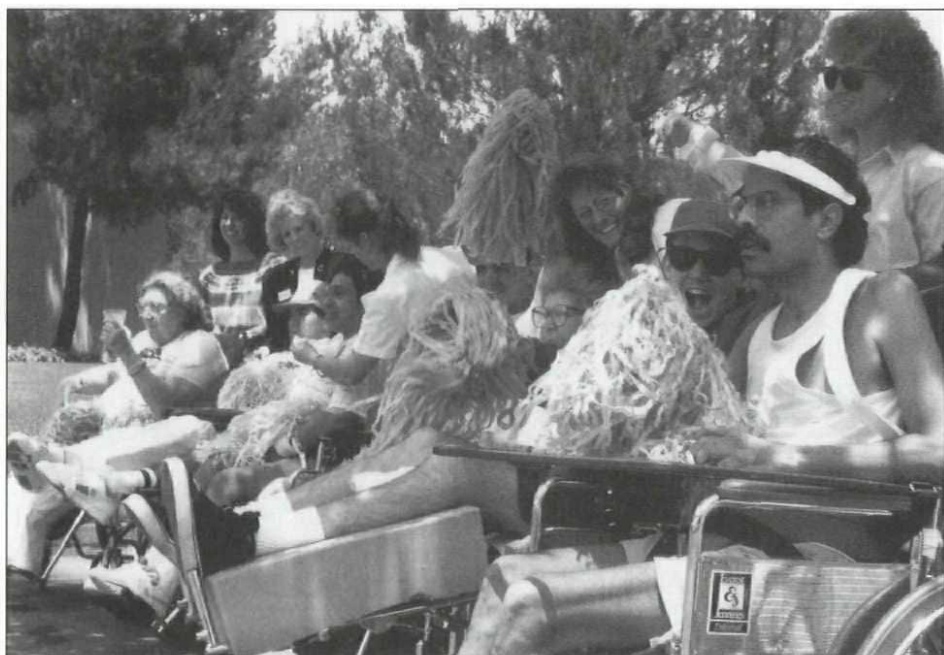
On arriving at the party, guests were asked to don adaptive equipment to simulate a variety of disabling conditions such as strokes and amputations. Then they were invited to dip ice cream, cut up bananas, and add their favorite sundae toppings—no small feat for many of the guests.

"We designed this event to be fun, but we also wanted it to be a learning experience that would give participants added insight into what everyday life is like when you have a disability," explains Ann Farr, outreach coordinator. "The patients really enjoyed watching their therapists struggling with some of the tasks they've already mastered through weeks of hard work."

The anniversary week also included tours and seminars for hospital discharge planners and a reunion for all former patients. "As part of our follow-up program, we contact former patients regularly to see how they are coping with life outside the hospital," Farr said. "The reunion was a natural outgrowth of that process."

When St. Francis opened its rehabilitation facility in October 1990, it brought an entirely new type of rehabilitation to the area. In addition to tradition forms of physical, occupational, speech, and recreational therapy, the unit offered Easy Street, a service that St. Francis purchased which provides an environment for realistic patient training.

A scaled-down version of a typical American main street, Easy Street incorporates a café, a bank complete with an automatic teller machine,



Rehabilitation patients and therapists cheer on physicians, nurses, and other staff at the Holy Cross "Empathy Volleyball Game."

a movie theater, a grocery store with a produce scale and checkout counter, sidewalks, curbs, street signs, a parking meter, and a real automobile. "The Easy Street experience helps patients develop some of the confidence they'll need to regain their independence," explains William E. Munley, rehabilitation center administrator.

Families can also practice taking their loved ones out to eat and traveling in the car, and the realistic Easy Street environment helps both patients and families ease back into the community by dealing in advance with any problems this integration may present.

During their last few days at St. Francis, patients may stay in a homelike transitional living apartment with a queen-sized bed, a normal bathroom equipped with handrails, and a fully stocked kitchenette. If appropriate, patients' spouses can spend the night in the apartment, and patients have an opportunity to practice preparing meals and navigating through a normal day. The goal of this type of "apartment living" is to make the final transition from hospital to home as smooth and anxiety free as possible.

Allison Greene, director of public relations, says patients' opinions and reactions have a major impact on marketing the rehabilitation center's services. "We ask for their input throughout their stay, and we call each patient a week after they're discharged, then at two weeks, and again at one month and 60 days. They're quick to tell us which therapies have been most beneficial and to suggest improvements, and many have referred their family and friends to us. That type of sincere word-of-mouth praise is our best advertising." □